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FORM D

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM I IMITED OFFERING EXEMPTION

OMB APPROVAL									
OMB Number:	3235-0076								
Expires: May 31, 2005									
Estimated average burden									
hours per respor	nse16.00								

SEC USE	ONLY
Prefix	Serial
DATE REC	EIVED

Name of Offering (   check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 X Rule 505 X Rule 506 Section 4(6	ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Posiflex Business Machines, Inc.	03038995
Address of Executive Offices (Number and Street, City, State, Zip Code) 1280 San Luis Obispo Ave., Hayward, CA 94544	Telephone Number (Including Area Code) (510) 429-7097
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Same as above	Telephone Number (Including Area Code)
Brief Description of Business	
Type of Business Organization	PROCESSET
	please specify): DEC 0.1 2003
Month Year  Actual or Estimated Date of Incorporation or Organization: OB QI2 & Actual Estin  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State  CN for Canada; FN for other foreign jurisdiction)	THOMSON FINANCIAL
OFFICE AT THE OFFICE AND ADDRESS OF THE OFFICE AT THE OFFI	arena de mario amo de arena de manda de como en esta mendo portando e de la como de menos, como esta de la como

### GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- attention-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filling of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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SEC 1972 (6-02)

					В.	INFORMA	TION ABŌ	UT OFFER	RENG.				100
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1.	Has in	e issuer so	old, or does			in Appendi					***************************************	. 🗆	Ц
2.	What i	s the mini	mum invest					_				. s-1.	590,550
4.										•		Yes	No
3.	Does the offering permit joint ownership of a single unit?												
4.	commi If a per or state	ssion or sin son to be l s, list the n	ation reque milar remun isted is an as name of the r, you may	eration for ssociated p broker or o	solicitatio erson or ag lealer. If n	n of purcha gent of a bro nore than fiv	sers in com ker or deal ve (5) perso	nection with er registere ons to be lis	h sales of se ed with the eted are ass	curities in SEC and/o	the offering r with a stat	ç. e	
Full	Name (	Last name	e first, if inc	lividual)									
Bus	iness or	Residence	e Address (I	Number an	d Street, C	City, State,	Zip Code)						
Nan	ne of As	sociated B	Broker or De	ealer			<del></del>		<u> </u>				
State	es in Wi	nich Perso	n Listed Ha	s Solicited	l or Intend	s to Solicit	Purchaser	5				·	
	(Check	"All State	s" or check	individua	l States)				**************			Al	1 States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full	Name (	Last name	first, if ind	ividual)							·······	• • • • • • • • • • • • • • • • • • • •	
Busi	ness or	Residence	e Address (1	Number an	id Street, C	City, State,	Zip Code)			<del></del>			<del></del>
Nam	e of Ass	ociated B	roker or De	aler	<del></del>			<u> </u>		<del></del>	<del></del>		
State	s in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers				:		
	(Check	"All State:	s" or check	individual	States)						, 		States
	AL IL MT	AK IN NE SC	AZ  [A  NV  SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full !	Name (I	ast name	first, if indi	vidual)									
Busin	ness or	Residence	: Address (N	Vumber an	d Street, C	ity, State, 2	Zip Code)						
Namo	e of Ass	ociated Br	roker or Dea	aler							<del></del>		
State	s in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
(	(Check '	'All States	or check	individual	States)	••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				All	States
].	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

			A. BASIC.	dentification dat.	<u>K</u>	
2. Ent	er the information	requested for the	following:			
ø	Each promoter of	of the issuer, if the	issuer has been organized	within the past five years;		
9	Each beneficial	owner having the po	ower to vote or dispose, or o	lirect the vote or dispositio	n of, 10% or more	of a class of equity securities of the iss
9	Each executive	officer and director	of corporate issuers and o	f corporate general and m	anaging partners	of partnership issuers; and
•	Each general an	d managing partner	of partnership issuers.			
Check Bo	ox(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Nam	e (Last name first	, if individual)				
Maw-1	Lin Cheng					
		ress (Number an	d Street, City, State, Zip C	ode)		
1280	San Luis	Obispo Ave.	, Hayward, CA	94544		
	x(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
	(Last name first, ung Chen	if individual)				
		. •	Street, City, State, Zip C	•	<del></del>	
1280	San Luis (	Obispo Ave.	, Hayward,CA 9	4544		
Check Box	x(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name	(Last name first,	if individual)				
Business o	r Residence Addr	ess (Number and	Street, City, State, Zip Co	nde)		
Dubiness o	. Rosidence Madi	cos (Hamber and	odoc, only, omic, or	,44,		
Check Box	(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name	(Last name first,	if individual)	<del></del>			
Business or	r Residence Addr	ess (Number and	Street, City, State, Zip Co	de)		
Check Box	(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name	(Last name first,	if individual)		<del></del>	<del></del>	
Business or	Residence Addre	ess (Number and	Street, City, State, Zip Co	de)		
Check Box	(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (	(Last name first,	f individual)				
Business or	Residence Addre	ss (Number and	Street, City, State, Zip Coo	de)		,
Check Box(	(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Fuil Name (	Last name first, i	f individual)				·
Queines :-	Davidenca Add	en (Number en 1	Street, City, State, Zip Coo	(e)		
Dustiless of	Residence Addre	oo (tammuet and :	Justi, City, State, Lip Cot			
		(Use bian	k sheet, or copy and use a	dditional copies of this sh	eet, as necessary)	

# C. OFFERING PRICE, NUMBER OF ENVESTORS, EXPENSES AND USE OF PROCEEDS

	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and		•
	aiready exchanged.	Aggragate	Amount Alexad
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	3	\$
	Equity	3,181,100	\$3,181,100
	Common Preferred		,
	Convertible Securities (including warrants)\$		
	Partnership Interests\$		\$
	Other (Specify)		
	Total\$	3,181,100	\$ <u>3,181,100</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number	Aggregate Dollar Amount
	si.	Investors	of Purchases
	Accredited Investors	2	<sub>\$</sub> 3,181,100
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Official	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
1	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 2,000
	Accounting Fees		\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)	<del></del>	\$
	Total	_	\$ \$
	1 (14)		<b></b>

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

•	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	S		\$	3,179,000
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.5 above.	i			
			Payments Officers Directors, Affiliates	., &	Payments to Others
	Salaries and fees			_	•
	Purchase of real estate		\$	[	] \$
	Purchase, rental or leasing and installation of machinery and equipment	П	\$	_	l.S
	Construction or leasing of plant buildings and facilities				
	Acquisition of other businesses (including the value of securities involved in this		*	l	*
	offering that may be used in exchange for the assets or securities of another		<b>d</b>		•
	issuer pursuant to a merger)				
	Working capital				
	Other (specify):				
	Cutel (specify).		Ψ	LJ	Ψ
		$\neg$	\$	П	\$
	Column Totals	٢	\$	U	\$
	Total Payments Listed (column totals added)		<b>E</b> 3	3,18	1,100
	D.FEDERAL SIGNATURE				
sign	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice ature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	sic	n, upon wr		
	er (Print or Type)	Dat	_		
_P	osiflex Business Machines, Inc. C. P. Chan	1	1/10/20	03 	
	e of Signer (Print or Type)  P. Chang  Title of Signed (Print or Type)  Testure 's Counsel				
	. P. Chang Issuer's Counsel				
				,	
	ATTENTION				
	Intentional misstatements or omissions of fact constitute federal criminal violations.		(See 18 U	S.C. 10	001.)

		e. state signature										
1.	Is any party described in 17 CFR 230.262 p. provisions of such rule?			Yes ·	No							
	See	Appendix, Column 5, for state re	sponse.									
2.	<ol> <li>The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.</li> </ol>											
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.											
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.											
	er has read this notification and knows the conte horized person.	nts to be true and has duly caused th	nis notice to be signed on its behal	f by the u	ndersigned							
	rint or Type)	Signature	Date									
Posif:	lex Business Machines, Inc.	C. P. Chay	11/10/03									
Name (P	rint or Type)	Title (Print or Type)	)									
C. P.	Chang	Issuer's Counsel										

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX 2 3 1 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price Type of investor and explanation of to non-accredited offered in state amount purchased in State investors in State waiver granted) (Part C-Item 2) (Part C-Item 1) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Investors Investors State Yes No Amount Amount Yes No AL ΑK AZAR Equity CA2 \$3,181,100 \$3,181,100 CO CT DE DC FLGA Н IDIL INIA KS KY LA ME MD MA ΜI MN MS

# APPENDIX 2 3 4 Disqualification under State ULOE Type of security (if yes, attach and aggregate Intend to sell offering price Type of investor and explanation of to non-accredited amount purchased in State investors in State offered in state waiver granted) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Amount State Yes No Investors Investors Amount Yes No MO MT NE NVNH NJ NMNY NC ND OH OK OR PARI SC SDTN TX UT VT VAWA WV WI

				APP	ENDIX				7.7
1		2	3		4				
	Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)				Type of investor and amount purchased in State (Part C-Item 2)				ate ULOE, attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Amount Investors Amount				Yes	No
WY									
PR									